

Town of Bridgeville 2019 Business License Application

Annual License fee is \$100.00 Expires 12/31/2019

Please include:

- □ a copy of your 2019 State of Delaware Business License
- □ a copy of your Certificate of Liability Insurance (fax: 302-337-7817; email: awalls@townofbridgevillede.us)
- $\hfill\Box$ the annual fee of \$100 made payable to : The Town of Bridgeville

101 N. Main Street Bridgeville, DE 19933

Bridgeville, DE 19933	
Trade Name of Business:	- 12
Business Address:	
Owner or Applicants Telephone Number (s):	
(Cell Home Work)	
Email Address:	
Full Description of the Nature of the Business:	
Is your Business physically within Town Limits? ☐Yes Maximum # of Employees, rental units, rental rooms, or s	
licenses year. *The applicant has complied and will comply with all laws and ord	inances of the Town of Bridgeville
The applicant has sempled and will comply with all laws and ord	mances of the rown of bhagevine.
Applicant Signature:	Date:
Witness Signature:	Date:
BELOW FOR OFFICE USE ONLY	
Finance Director or Town Clerks Approval (Financial G	ood Standing)
Application Date: Date Paid: Check # Cash: ☐ Debit ☐	License #: 19